Horizons bleak for offshore medical graduates

Milan Korcok

Despite warnings about impending physician oversupply, foreign medical graduates (FMGs) are intensifying their pursuit of careers in North American medicine. It doesn't matter that competition for training slots is getting tougher, nor that licensing and immigration procedures are becoming more restrictive.

These inconveniences just seem to be making the search for medicine's answer to the Holy Grail more challenging, a truer test for the resourceful.

In Canada this continuing onslaught from abroad coincides with an unparalleled domestic demand for medical school spots. The applicant pool for 1984–1985 was the largest ever at 8514, up from 8063 the year before. Though enrolment was down marginally, it was due to medical school restraints, not to lack of demand. First time, first year enrolment in Canadian medical schools in 1984–1985 was 1832. In 1983–1984, it was 1852.

In the United States, the situation is considerably different; pressure from abroad is growing and domestic demand appears to be abating. American schools are reporting declines not only in first year enrolments, but also in the number of applicants.

The American Medical Association's recent school survey showed that first year enrolments in 1983–1984 were down by 55 students over the year, with projections showing continued decreases for the next 3 years. It also showed approximately 500 fewer young people applying to medical schools compared to the previous year.

However, a recent report from the educational commission for foreign medical graduates (ECFMG) — which tests FMGs seeking graduate education in the United States — has revealed that not only is the number of FMG test applicants moving up to where it was before stringent immigration cutbacks were placed in 1977, but at least one out of five of these FMGs is in reality a US national, not a "foreigner" at all. (FMGs are physicians whose basic medical degree was conferred by schools outside the United States or Canada. Canadians are not considered FMGs because medical schools in Canada and the United States are accredited by joint procedures.)

FMGs are most likely to be US citizens, graduates of offshore medical schools — probably from Mexico or the Caribbean — and by virtue of nationality not subject to immigration restrictions. Moreover, in 1982, the most recent year covered by the ECFMG survey, FMGs were probably accompanied at the gates of the ECFMG testing fields by 2845 other homegrown FMGs.

Add those homegrown products to the 11 195 "foreign" FMGs seeking ECFMG certification in 1982 and you have another interesting statistic — 14 041 or a little over 11% less than the entire 1982–1983 US medical school graduate output of 15 824.

For a generation now, the US medical marketplace — like the Canadian — has attracted thousands of foreign graduates each year. The fact is that without them a great many clinical services would never have been realized. However, in a state of oversupply — real or imagined — the role of the FMG becomes less and less clear. There are many who believe that a nation has an obligation to take care of its own medical aspirants first. That's not as easy to do as it sounds.

The ECFMG report, being released in phases, attempts to cast light not only on the educational and other training characteristics of FMGs, but seeks to focus on the US nationals in that population who — now and since 1978 — are the largest single national group applying for ECFMG certification.

Over the entire 14-year period, US nationals were second only to natives of India as the most numerous FMG group seeking graduate medical training in US-accredited hospital programs.

DESPITE WARNINGS ABOUT impending physician oversupply, foreign medical graduates (FMGs) are intensifying their pursuit of careers in North American medicine. It doesn't matter that competition for training slots is getting tougher, nor that licensing and immigration procedures are becoming more restrictive. The fact is, at least one out of five of these FMGs is a US national, not a "foreigner" at all.

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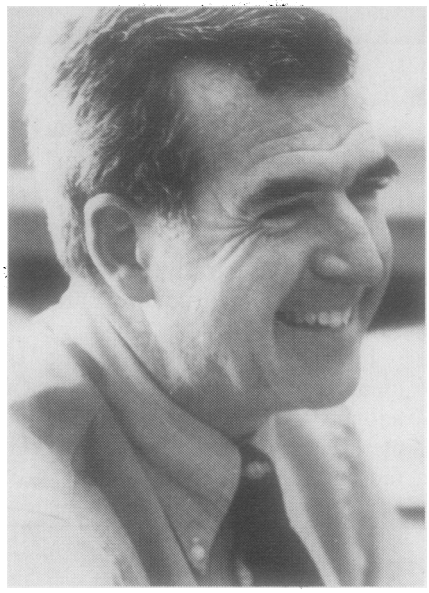


DR. ARNOLD RELMAN DESCRIBED the situation of US medical students abroad as "chaotic — lacking in any guiding philosophy, dubious in its equity and dangerously uneven in professional standard". As many of the FMGs have realized, taking the ECFMG and passing it are two different things. Graduates of St. George's University Medical School in Grenada scored an 84.6% pass rate on initial attempts. Elsewhere, scores have dropped as low as 9.6%.

The ECFMG study, headed by Dr. Thomas D. Dublin, consultant to the ECFMG and a retired US public health service officer, is based on analysis of the records of 205 542 FMGs to take the ECFMG from 1969 through 1982. Of that number, 17 642 (8.6%) were US nationals.

In the first year covered by the survey (1969) US nationals made up only 2.7% of the 12 532 FMGs attempting the ECFMG. That rose gradually until it reached 9.9% in 1977. At this point, US Congress declared there was no longer an insufficient number of physicians in the country to warrant continuing the preferential immigration procedures for foreign physicians that had been in effect for many years. The result of this declaration was passage of new immigration restrictions, which took effect in January 1977. Largely due to these restrictions, the number of foreign FMGs applying for the ECFMG plummeted from 12 650 in 1977 to 6362 in 1978. Over the next 5 years, despite immigration restrictions, the number of foreign FMGs rose again to 11 195. However, so did the number of US national FMGs; by 1980 this group accounted for more than 20% of all FMGs. This ratio has remained constant at over 20%.

Throughout the 14-year span of the ECFMG study, the 17 642 US nationals received their medical school education in 79 countries with two countries, Mexico and the Dominican Republic, accounting for more than half of these graduates. Both nations have thriving offshore school industries. Over the survey period, Mexico has produced 6901 medical school graduates who were US nationals and the Dominican Republic, 2862. The *Universidad Autonoma de Guadalajara*, in Mexico, itself accounted for 4874 US nationals, and *Universidad Central del Esta* in the Dominican Republic accounted for 1809.

Following these two nations, Italy, Spain and Belgium were the next most prolific producers of US FMGs.

The real success story in this scenario belongs to the newcomers, the English-language Caribbean offshore schools, which before 1980 hadn't graduated any students. Though the nations of Grenada, Montserrat and Dominica started late, Grenada had produced 602 candidates for the ECFMG (532 US and 70 foreign nationals — among them a handful of Canadians) through 1982, Montserrat had produced 558 (446 US nationals) and Dominica, 216 (176 US nationals).

Overall, two-thirds of all 17 642 US nationals to have taken the ECFMG between 1969 and 1982 have graduated from one of 15 schools: four in Mexico; three in the Dominican Republic; one each in Grenada, Montserrat and Dominica; and five in Europe (two each in Italy and Spain, and one in Belgium).

As many of the FMGs have realized, taking the ECFMG and passing it are often two different things. For example, of all 11 792 US nationals from these 15 schools, only 41.7% passed the ECFMG on their first try. After more than one try, 71% passed. Of course, the range of passing success varies enormously from school to school.

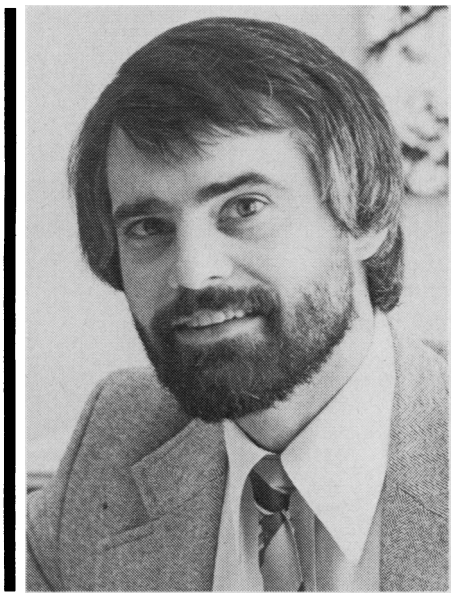
Graduates of St. George's University Medical School in Grenada scored an 84.6% pass rate on initial ECFMG attempts. That was the highest rate of all schools in this group of 15. Next in ranking were graduates of the *Université libre de Bruxelles*, Belgium, who scored an 81.9% passing rate, followed by 65.5% passing among graduates of the *Universita di Roma*, Italy, and 62.6% by graduates of the *Universidad de Monterrey*, Mexico.

After that, the scores ranged steadily downwards, hitting a low 9.6% for graduates from the *Universidad de Santiago*, Santiago De Compostela, Spain.

In an interview with the *CMAJ*, Dublin admitted that the first phase of the ECFMG report which dealt primarily with the numbers of this FMG population didn't get into the critical element of assessing student quality. Whether the criteria of quality can ever be adequately defined remains a tricky question.

Subsequent phases of the report will deal with such quality related issues as how well the ECFMG candidates did in subsequent exami-

JOSEPH CHOUINARD, COORDINATOR of CMA's council on medical education wrote that though hundreds of foreign-trained physicians come to Canada every year, most have virtually no opportunity to acquire a license to practise. In 1984, of 418 foreign-trained physicians who passed the Medical Council of Canada evaluating examination and were living in Canada (half were citizens or landed immigrants), only 23 were matched to internships.



nations, in qualifying for specialty boards, in gaining licensure, how well they actually did in hospital residency programs, where they were located, and the types of practice they went into.

Since at least one of every five physicians practising in the United States now is a foreign medical graduate and since the total number of FMGs seeking entry into the United States is approaching the total annual output of the nation's medical schools, it's apparent that domestic medical schools no longer have a monopoly on the quality control of American physicians.

Even a quick look at the enormous range of ECFMG test scores attained by FMGs shows that just because a medical school is listed in the World Health Organization's directory of schools (this is only a listing, not an endorsement) there is no guarantee of quality.

Dr. Arnold S. Relman, editor of the *New England Journal of Medicine* has described the situation of US medical students abroad as "chaotic — lacking in any guiding philosophy, dubious in its equity and dangerously uneven in professional standards".

Despite recognized unevenness, FMGs are getting back into US hospital residency training programs and from that point into the mainstream of US medicine.

Several states' licensing agencies and boards of medical quality assurance have balked at admitting FMGs from certain schools, but the constraints are inconsistent and unevenly applied. It appears that what the licensing agencies have done is nothing more than to deflect potential candidates into training programs or licensure in other states.

One of the most successful foreign schools is St. George's University in Grenada. A list of 1983 graduates shows that 83 of 95 US citizens were placed in US hospital residencies by May 1983. Not all schools can claim that success, and we may have to wait for further ECFMG reports to verify how well these schools actually do.

The ability of many of these schools in placing their students in American graduate training programs highlights sharp differences between the Canadian and the American ability to control FMG movement. It's apparent that Canada is far more successful in controlling the licensure of FMGs than the United States. This was not always the case.

Joseph L. Chouinard, coordinator of CMA's council on medical education, wrote in the Feb. 1, 1985, *CMAJ* that though hundreds of foreign-trained physicians come to Canada every year, most have virtually no opportunity to acquire a licence to practise.

He noted that in 1984, 418 foreign-trained physicians who had passed the Medical Council of Canada evaluating examination registered with the national intern matching service. Most of these physicians were living in Canada, and about half were either citizens or landed immigrants. Yet, only 23 (5.5%) were matched to internships.

It appears, said Chouinard, that when given a choice, internship program directors will give the nod to graduates of Canadian schools if at all possible, but then internship programs have little elasticity. "They're always virtually filled."

It's different with residencies that each year absorb between 1000 and 1100 foreign-trained physicians, most of them in Canada on temporary, 1-year visas. Yes, said Chouinard, without the FMGs there are many clinical services that would grind to a halt; but is that what residencies were primarily meant to do?

Another question: are the FMGs in these residency programs really here to get training to take back to their own countries? Or are they just here because this is where they want to stay?

Another variable with unpredictable consequences is the number of physicians who enter the country each year, either as sponsored dependents (as brothers, sisters or other close relatives of Canadians) or as federally sponsored refugees who happen also to be doctors. It's only reasonable, said Chouinard, that these individuals, trained as physicians in their own countries, try to become licensed in Canada.

To date, both in the United States

EVA RYTEN, RESEARCH ASSOCIATE for the Association of Canadian Medical Colleges, said the number of Canadians studying in offshore medical schools was extremely low, not really a statistical factor. Ryten believes Canadian students realize there is little chance of their getting back into postgraduate training programs once they have left the country. They see little point, and a lot of risk, in trusting their careers to offshore schools.

and Canada, clinical training programs have often been determined by the need for clinical services in each hospital. This need for services is decided independently, not by the need for national training capability or the needs of society as a whole.

So far, Canada has not been bothered by the problem — which has clear political implications — of native-born FMGs. One reason for this is that the hospital training programs have virtually shut the door on FMGs or transfer students from the offshore schools. Until now there have been precious few Canadian medical students applying to the Mexican or Caribbean schools — even though getting a slot in a Canadian medical school now appears to be more difficult for a Canadian than is getting a slot in a US school for an American student.

Eva Ryten, research associate with the Association of Canadian Medical Colleges, said the number of Canadians studying in offshore schools is extremely low, not really a statistical factor. (Officials at St. George's in Grenada confirmed that there have been few Canadians who graduated from their school, though earlier *CMAJ* reports have identified between 10 and 20 Canadians who have taken some of their medical studies at St. George's.)

Why the reluctance of Canadians to study at offshore schools considering the intense rivalry for slots in Canadian schools?

Ryten suggested that unlike American students who believe they have a good chance of getting back into postgraduate training programs in their own country, Canadians see little chance of that happening. So they see little point, and a lot of risk, in trusting their careers to offshore schools.

To some American health care academics, the ability to influence US medical school enrolments and outputs doesn't mean too much if the flow of FMGs (even American-born ones) into US training programs remains unrestricted.

Dr. Alvin R. Tarlov, who headed the highly influential graduate medical education national advisory committee (GMENAC), which estimated large physician oversupplies in the United States by 1990, said there is no useful social purpose to be achieved by having more physicians than a society needs. That means some hard choices have to be made, especially since some of those who might be denied careers in medicine are the sons and daughters of Americans.

In a highly acclaimed lecture, given in 1983 to the annual meeting of the Massachusetts Medical Society, Tarlov outlined just what he felt some of those hard choices might be.

Besides reducing medical school enrolments overall and adjusting what remains to allow more minority students into medicine, he recommended discouraging US citizens from entering foreign medical schools by requiring that "medical licensure be granted only to graduates of American and Canadian medical schools".

As for the thousands of US students already abroad, Tarlov suggested they be allowed to complete their studies and be helped into accredited graduate medical programs and licensed under a program to be devised by the federation of state licensing boards. Then, in effect, shut the door.

After that: "Alien graduates of foreign medical schools should be welcomed for training but denied licensure for permanent practice except if they are granted US citizenship on a family preference clause".

As a bottom line, said Tarlov, "the current rate of entry into practice of approximately 1500 alien graduates of foreign medical schools per year should not be exceeded".

Human rights advocates could have a field day with this dictum. So long as thousands of young people in all parts of the world believe, not only in their inalienable right to become physicians, but in their right to practise wherever they choose, North American medicine will be under siege. Unless of course, North American physicians are forced to join the queue for unemployment insurance, as some of their colleagues in several overdoctored European countries now do regularly.

Amazing what a stint of unemployment does for the image of a profession — and for the aspirations of those determined to break into it. ■